Rate Year 2022
MassHealth Acute P4P Technical Session

EOHHS Medicaid Hospital Statewide Webcast
August 20, 2021
11:00am – 12:00 noon (ET)

RY2022 Webcast Agenda (11:00a-12:00p)

Topic	Presenter
Introduction • **WebEx Logistics**	Kelsie Driscoll, Telligen MassQEX Project Manager
RY2022 Acute RFA Quality Requirements ▪ Core Program Principles ▪ Inpatient Quality Measures ▪ Performance Assessment Methods ▪ Incentive Payment Methods ▪ Quality Reporting Deadlines ▪ Program Participant Forms ▪ Future Considerations	Iris Garcia-Caban, PhD
RY22 MassQEX Technical Updates ▪ Clinical Process Measure Specs ▪ Chart Submission Requirements ▪ Upcoming CY22 CCM Requirements ▪ Safety Outcome Measure Adjustments ▪ Portal Accounts and Report Posting ▪ Future MassQEX Modernization	Cynthia Sacco, MD;
Q & A Period	K. Driscoll, Telligen MassQEX Project Manager
Wrap Up	

Registration Required

- Once registered will get login details
- **Slides:** Registration required to view slides
- **Bridge Line: 1-877-739-4149** <u>Code</u>: **468 962 2530**
- **Tech Support:** (617) 943-6006 if encounter problems

Webcast Logistics

- **Web Leader**: Will open line, display slides, lead the Q&A session.

- **Presenters**: will keep their specific lines open while all participants are muted.

- **Participants**
    - Will be muted during presentation
    - Hospitals can use chat to submit questions.

- **Q& A Period**.
    - WebEx leader will unmute lines for this session
    - Participants should mute their line to prevent background noise spilling into call.

EOHHS Medicaid Acute Hospital Request For Application (RFA) Section 7:
Quality Reporting Requirements & Payment Methods

Iris Garcia-Caban, PhD
Hospital Performance Program Lead
MassHealth Office of Provider and Pharmacy Programs

Medicaid Acute Hospital RFA Contract

❖ The Acute RFA contract outlines detail on prospective reimbursement method for acute facility inpatient and outpatient services.

❖ **Incentive Approach →** Reward hospitals for high quality care and better outcomes for MassHealth patients

❖ **No Exemptions →** All Hospitals are required to participate in quality performance requirements

Section 7:

Quality Performance & Payment Requirements

- **Sect 7.1** Program Principles

- **Sect 7.2** Hospital Key Representatives

- **Sect 7.3** Quality Performance Measures

- **Sect 7.4** Performance Assessment Method

- **Sect 7.5** Incentive Payment Method

- **Sect 7.6** Reporting Requirements

Supplements to Section 7

- EOHHS Technical Specifications Manuals
- Hospital Program Participant Forms
- Mass.Gov Website (MassQEX homepage)

Section 7:3 MassHealth Inpatient Quality Measures

Quality Measure Category	Metric ID#	Measure Name	Performance Goals
Perinatal Care	MAT-4 NEWB-1	Cesarean Birth, NTSV Exclusive breast milk feeding	**Improve pregnancy & childbirth delivery to avoid exacerbating morbidity, added LOS or cost for moms & newborns.**
Care Coordination	CCM-1 CCM-2 CCM-3	Reconciled medication list rcvd by D/C patient Transition record with required data elements rcvd by D/C patient Timely transmission of transition record at D/C	**Improve safe & effective care transition hand-offs to avoid readmissions or complications of care**
Health Equity	HD-2	Health Disparity Composite	**Reduce disparity in care processes provided during hospital stays.**
Safety Outcomes	PSI-90 HAI-1 HAI-2 HAI-3 HAI-4 HAI-5	Patient Safety & Adverse Events Composite Central Line-Associated Bloodstream Infection Catheter-Associated Urinary Tract Infection Methicillin-Resistant Staphylococcus Aureus bacteremia Clostridium Difficile Infection Surgical Site Infections: Colon/Abdominal hysterectomy	**Reduce preventable complications & harm occurrences during hospitalization.**
Patient Experience & Engagement	HCAHPS	Hospital Consumer Assessment Healthcare Provider System Survey ▪ Nurse Communication ▪ Doctor Communication ▪ Communication about Meds ▪ Responsiveness of Hospital Staff ▪ Discharge Information ▪ Care Transition Mgt. ▪ Overall Rating	**Promote care experience that is respectful & responsive to patient values, preferences, and needs**

Performance goals align with national quality priorities (better care, better health, lower cost).

Section 7.3: Data Completeness Requirement by Measure Type

Measure Type	EOHHS Data Collection	Payer Source	Data Completeness Requirement
Chart-based (MAT, NEWB, CCM)	Hospital reported via MassQEX	All MassHealth payer (exclude TPL)	▪ Submit IPP data files with all elements ▪ Enter ICD population/sample data ▪ Submit charts for validation ▪ Meet EOHHS reporting deadlines
Claims-based (PSI-90)	MMIS claims extract	All MassHealth payer (exclude TPL)	▪ Contain all clinical and administrative elements (POA, ICD codes, age, admission type, etc.)
Registry-based (HAI's)	MassHealth NHSN Group (confer rights agreement)	All Payer State data files	▪ Meet NHSN data specifications ▪ Adhere to NHSN Monthly Report Plans ▪ Meet CMS reporting deadlines
Survey-based (HCAHPS)	CMS Provider Data Catalog Website	All Payer State data files	▪ Meet HCAHPS Quality Assurance Guidelines Specifications Manual ▪ Meet CMS reporting deadlines

General Definition

▪ **Data Completeness –** refers to files that includes all the data elements , essential on each quality measure, are available from the various data sources listed.

▪ **Assessing Completeness -** for each measure type completeness is determined using several methods to ensure data is valid, accurate and usable for performance evaluation.

Section 7.3: Data Accuracy Requirement (Chart-Based Measures)

Data Validation Standard

❖ Purpose is to verify that hospital patient-level data is accurate and reliable across measures reported.

❖ Hospitals must meet data validation standard of .80 on **first three quarters** of CY2021 submitted data (Q1, Q2, Q3 only).

❖ Hospitals that fail validation are not eligible for perinatal, care coordination and health disparity quality category incentive payments.

Quality Scoring Impact

❖ Passing Validation is required prior to computing hospital performance scores

❖ If FAIL validation in comparison year (RY22) on reported measures then all measures data is considered unreliable for performance scoring.

❖ If FAILED validation in prior year (RY21) then data is considered invalid for computing comparative year performance *(Provisional adjustments apply)*★

Overview of Hospital Performance Assessment Methods (PAM)

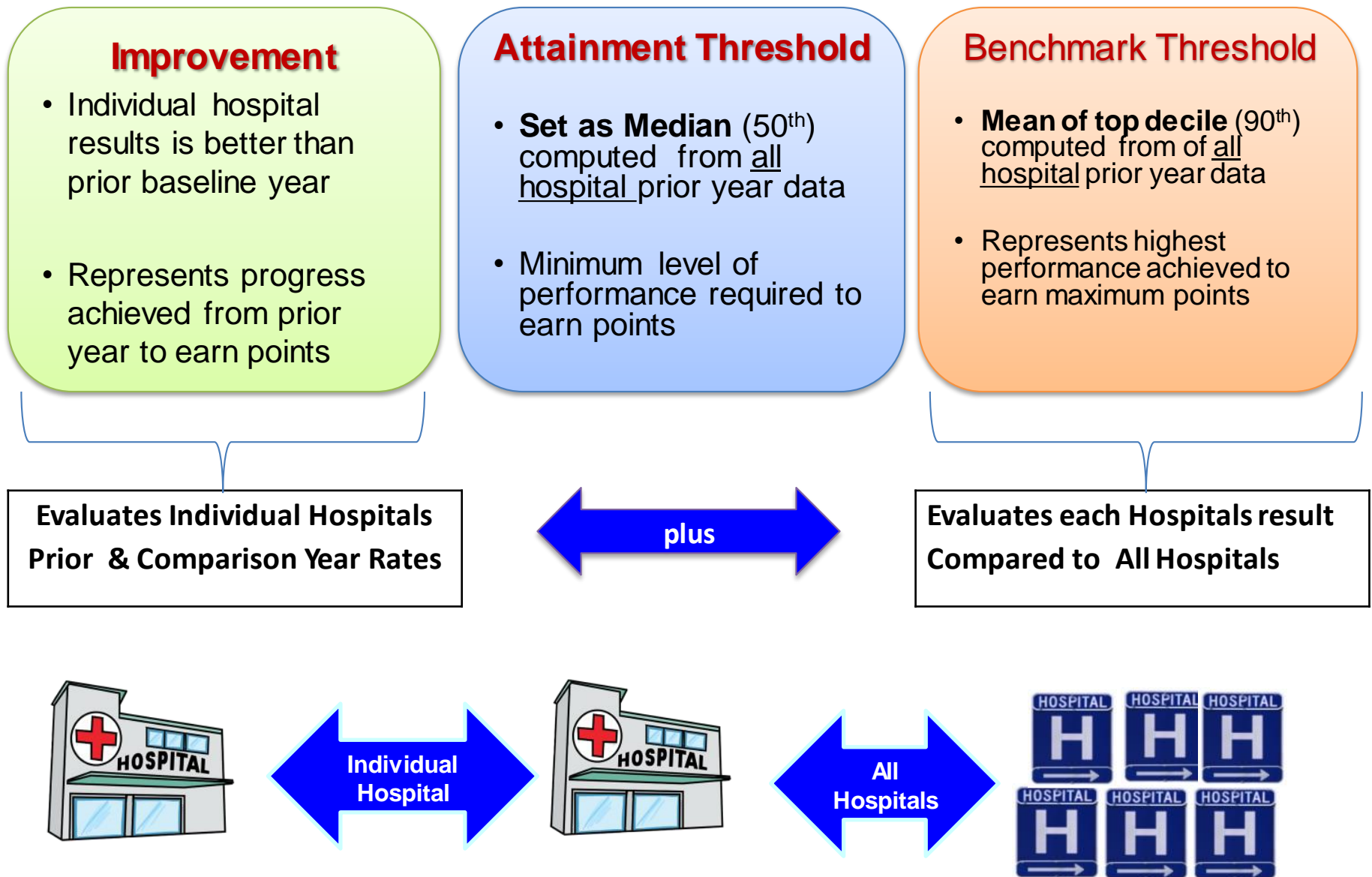| Quality Measure Category (QMC)	Performance Scoring Approach	Set Thresholds	Improvement Noted As
Perinatal Care (MAT4, NEWB1)	Attainment or Improvement	Attainment: Median (50th) Benchmark: Mean of (90th)	Lower is better (MAT4) Higher is better (NEWB1)
Care Coordination	Attainment or Improvement	Attainment: Median (50th) Benchmark: Mean of (90th)	Higher is better
Health Disparity	Decile Rank	Target Attainment (Above 2nd decile)	Lower is better
<u>**Safety Outcomes**</u> PSI-90 Composite Five HAI's	Interquartile Rank	Minimum Attainment (Above 1st quartile)	Lower is better
Patient Experience ★	Attainment or Improvement ★	Attainment: Median (50th) Benchmark: Mean of (90th) ★	Higher is better ★

Quality Scoring Eligible Criteria

☆ Must meet data completeness requirements

☆ Pass data validation (chart-based metrics)

☆ Meet case minimum requirement ★

RY22 Provisional Adjustment ★

✓ Standard PAM will <u>not</u> apply to the Patient Experience quality category

Section 7.4: Attainment & Improvement Performance Assessment Method

Improvement

- Individual hospital results is better than prior baseline year

- Represents progress achieved from prior year to earn points

Attainment Threshold

- **Set as Median** (50th) computed from <u>all hospital</u> prior year data

- Minimum level of performance required to earn points

Benchmark Threshold

- **Mean of top decile** (90th) computed from of <u>all hospital</u> prior year data

- Represents highest performance achieved to earn maximum points

Evaluates Individual Hospitals Prior & Comparison Year Rates

plus

Evaluates each Hospitals result Compared to All Hospitals

Individual Hospital

All Hospitals

7.4: Clinical Process Measures – Attainment/Improvement Method

STEP 1: Quality Point System	
ATTAINMENT POINTS **0 points**: If rate $\leq$ attainment threshold **1 to 9 points**: If rate > attainment but < benchmark **10 points**: If rate $\geq$ benchmark threshold	**IMPROVEMENT POINTS** **0 points**: If rate $\leq$ previous year **0–9 points**: If rate between previous year & benchmark

Step 2: Compute Attainment Points
$$\frac{(\text{Measure Rate} - \text{Attainment})}{(\text{Benchmark} - \text{Attainment})} \times 9 + 0.5$$

Step 3: Compute Improvement Points
$$\frac{(\text{Current Measure Rate} - \text{Prior Yr. Rate})}{(\text{Benchmark Threshold} - \text{Prior Yr. Rate})} \times 10 - 0.5$$

Step 4: Awarding Points:
- Get higher of Attainment or Improvement Pts.

Step 5: Compute Total Performance Score
$$\frac{\text{Total Awarded Points}}{\text{Total Possible Points}} \times 100 = \text{TPS}$$

Quality Scoring Criteria
★ **Pass Data Validation (**.80)
★ **Case Minimum: N=25 on CY21 data**

Quality Points Eligible

❖ **Attainment Pts** → if NO cases in baseline period may be eligible for attainment points *if pass validation* on Comparison year data

❖ **Improvement Pts** → Computed when have baseline & comparison period data.

❖ Quality points apply when the hospital has <u>already</u> established a baseline rate for a given measure

7.4: Health Disparity Measure Category – Performance Scoring Method

Step 1→ Data Transformation

- Extract racial groups from reported metrics

Step 2 → Compute Composite Results

- Racial Comparison Group and Reference Group Rates, BGV interval ratio (ranges 0 to 1)

Step 3 → Performance Threshold

- Set Target Attainment above 2nd decile

Step 4 → Decile Rank Method

- Hospital BGV's ranked highest to lowest

Step 5 → Conversion Factor:

- Assign decile group conversion factor

Step 6 → Compute Performance Score

- Is (Conversion Factor) x 100%

Quality Scoring Eligibility

- Pass Validation (chart-based metrics)
- Data must have >1 Racial group
- **Case minimum**: Total N=25 in Hospital Reference Group ★

Performance Threshold (BGV)	Decile Group	Conversion Factor
	10th decile	1.0
	9th decile	.90
	8th decile	.80
	7th decile	.70
	6th decile	.60
	5th decile	.50
	4th decile	.40
Target Attainment	3rd decile	.30
Lower Deciles	2nd decile	0 (zero)
	1st decile	

7.4: Patient Experience Category - Performance Scoring Adjustment

Rate Year 2022

COVID-19 Proviso

- HCAHPS Measures Data - CMS to post 6 mos. of CY20 (Q3 and Q4-2020) only.

- Each hospitals CY20 HCAHPS data will be downloaded CMS Provider Data Catalog website for analysis.

- Hospital HCAHPS results <u>will not be</u> used to compute attainment or improvement.

Quality Scoring Criteria ★

- Hospitals will receive a quality reporting credit based on data available.

- **Case Minimum** → have total of least 50 surveys on available CY20 data period.

★ Credit = 100% meet case minimum
★ Credit = 0%   case minimum not met

Rate Year 2023

Quality Scoring Criteria

- **HCAHPS Survey Dimensions (**N=7)

- **Case Minimum** → 100 surveys in baseline & comparison period.

- **Set Thresholds:** Use all hospital *adjusted* prior CY2019 HCAHPS data ★

Apply Attainment & Improvement Method (slide #9)

Step 1 → Use Quality Points System

Step 2 → Compute Attainment Points

Step 3 → Compute Improvement Points

Step 4 → Award Points

Step 5 → Compute Total Performance Score

Quality Scoring Eligibility	Data Transformation

Raw Measure Result

- **PSI-90 Metric**: index value must be generated by AHRQ software

- **HAI Metrics:** SIR value must be generated by NHSN for CAUTI, CLABSI, MRSA, CDI, or SSI.

Case Minimum Requirement

- PSI-90→ Have ≥ 3 cases for one of 10 indicators

- Each HAI → Reported sufficient data, as determined by NHSN, to produce the SIR result.

Step 1:

Compute Winsorized Measure Result

➔ Rank distribution of all hospital raw values then truncate at 5th and 95th percentiles.

Step 2:

Compute Winsorized Z-score

➔ A Winsor Z-score is calculated for each measure using the following formula:

$$\text{Winsor } Z_i \text{ score} = (X_i) - (\overline{X})/ SD (x_i)$$

➔ The Hospital Winsor z-score for each safety measure reflects how many standard deviations each value is away from the mean measure result.

Step 3: Assign Equal Measure Weight

- A weight is assigned based on total number of measures with a z-score

Number of measures with a z-score	Weight assigned to each measure z-score
6	16.7
5	20.0
4	25.0
3	33.3
2	50.0
1	100.0
0	N/A

Step 4: Compute Overall Safety Z-Score

- Each measure z-score is multiplied by the assigned weight to get overall z-score using formula below

$$(PSI90 \ zscore + \sum_{i=1}^{Number \ of \ HAI} HAI \ zscore_i) / (Number \ of \ HAI + 1)$$

- Overall safety z-score represents the weighted average of all available measure z-scores.

Step 5: Performance Ranking

- **Interquartile Rank Method**. Hospital Overall Safety Z-scores are ranked from highest to lowest across four groups.

- **Performance Threshold**. Reflects the minimum level of performance to earn incentive payments

- Hospital overall z-scores that are above 1st quartile will get incentive payments

Interquartile Range	Quartile Group	Conversion Factor
Top Quartile (lower z-score)	4th Quartile	**1.0**
	3rd Quartile	**.75**
	2nd Quartile	**.50**
Lower Quartile (higher z-score)	1th Quartile	**zero**

Section 7.4: Measure Performance Evaluation Periods

Quality Measure Category	Previous Year Period	Comparison Year Period
Perinatal Care	Jan 1, 2019 – Dec 31, 2019 ★	Jan 1 2021 – Dec 31, 2021
Care Coordination	Jan 1, 2019 – Dec 31, 2019 ★	Jan 1 2021 – Dec 31, 2021
Health Disparity	Not Applicable	Jan 1 2021 – Dec 31, 2021
<u>**Safety Outcomes**</u> -Patient Safety Composite -Healthcare Assoc. Infections	 Not Applicable Not Applicable	 Oct 1, 2018 – Dec 31, 2019 ★ Jan 1, 2019 – Dec 31, 2019 ★
Patient Experience/Engagement	None ★	July 1, 2020 – Dec 31, 2020 ★

★ Provisional Adjustments for CY20 Periods

Clinical Process Measures
- Comparison Year – Use CY21 reported data
- Previous Year – **Remove** CY20 and Use CY19 instead

Safety Outcome Measures
- PSI-90 – Use shorter 15 mo. period (**Remove** 1/1/20 – 9/30/20)
- HAI's - Use shorter 12 mo. period (**Remove** 1/1/20 – 9/30/20)

Patient Experience Measures
- Comparison Year – Collect CY20 data
- Previous Year- Will not apply

Section 7.5: RY2022 MassHealth Incentive Payment Methods

Payment Eligibility Criteria

- Must Pass Data Validation Standard
- Meet Data Completeness Requirement
- Achieve Performance Thresholds applicable to each quality category

Incentive Payment Approach

Pay-for-Performance

- Incentive payment for all quality categories <u>except</u> Patient Experience.

Pay-for-Reporting ★ ★

- Applies to Patient Experience Category
- Incentive payment for meeting quality reporting credit criteria

Incentive Payment Components

- **Maximum Allocated Amount:** overall dollars tied to achieving performance

- **Statewide Eligible Medicaid Discharges**: all discharges identified for measure population

- **QMC per Discharge Amount**: dollar amount related to quality measure category

Maximum Allocated Amount	= Quality Measure Category per Discharge Amount
Statewide Eligible Medicaid Discharges	

Incentive Payment Formula

- **Performance Score:** Computed for each QMC
- **QMC/discharge Amt.: F**rom FY21 eligible MDD
- **Eligible Discharges for each QMC:** From FY21 eligible MDD

(Final Performance Score) x (Eligible Medicaid Discharges) x (QMC per Discharge Amount)	= Hospital Incentive Payment

7.5: Acute RFA Eligible Medicaid Discharge Data (MDD) Volume

Eligible MDD Volume Definition

MDD Volume Criteria
- Must meet ICD population criteria
- MassHealth is primary & only payer source
- Members covered under RFA payments
(**FFS Network + PCCP + ACO-B Plans**)

MMIS Claims Extract
- **Included**: Adjudicated Payment Amount per Discharge (APAD) is an all-inclusive facility payment for an acute inpatient hospitalization from admission to discharge,

- **Excluded:** Per Diem payments (Transfer, Psych, Rehab); Admin days, Interim bills, and outlier payments

- **Data Period:** Use FY21 (10/1/20 – 9/30/21) discharges to compute RY22 P4P payments.

ICD Population Criteria

Perinatal Care
- Meet ICD population in TJC code tables
- Mothers age ≥ 8 and ≤ 65 years
- Newborn age ≥ 0 and ≤ 1 day

Care Coordination
- Meet ICD population in EHS Manual.
- Age > 2 years and ≤ 65 years

Health Disparity
- Sum of Unique Discharges that meet ICD requirements for chart-based measures.

Safety Outcomes
- Use APR-DRG medical & surgical codes
- Age ≥ 18 years of age

Patient Experience
- Use APRI-DRG codes medical, surgical, vaginal, cesarean
- Age ≥ 18 and ≤ 65 years

Section 7.6: RY2022 Quality Reporting Timelines

Submission Due Date	Data Submission Requirement	Data Reporting Format	Reporting Instructions
Oct. 29, 2021	• **Hospital Quality Contacts Form** • **Hospital Data Accuracy and Completeness Attestation Form**	HospContact_2022 Form HospDACA_2022 Form	RFA Section 7.2.E RFA Section 7.3.D
Nov. 12, 2021	• Q2-2021 (April – June 2021) • Q2-2021 ICD population data • Q2-2021 Medical records request	MassQEX portal Charts via secure file transfer	Technical Specifications Manual (**Version 14.0**)
Feb.11, 2022	• Q3-2021 (July – Sept 2021) data • Q3-2021 ICD population data • Q3-2021 Medical records request	MassQEX Files & ICD entry Charts via secure file transfer	Technical Specifications Manual (Version 15.0)
May 13, 2022	• Q4-2021 (Oct – Dec 2021) data • Q4-2021 ICD population data	MassQEX Files & ICD entry (no Charts required)	Technical Specifications Manual (Version 15.0)
Aug.12, 2022	• Q1-2022 (Jan – Mar 2022) data • Q1-2022 ICD population data • Q1-2022 Medical records request	MassQEX Files & ICD entry Charts via secure file transfer	Technical Specifications Manual (v15.0) and Release Notes (v.15.1)

New Acute RFA Contract Language

Add Section 7.6.A.4 → Medical Record Submission ★
- Hospital must submit charts via MassQEX secure file transfer portal (*No paper copies accepted*).

Add Section 7.6.A.5 → Extraordinary Circumstance Exception ★
- Hospital must adhere to procedures outlined in EOHHS Technical Specs Manual

7.6: MassHealth Extraordinary Circumstance Exception Policy

Hospital can request a quality reporting data exception when they have experienced extraordinary circumstance beyond the control of the facility.

Data Exception Provision

- RY22 EOHHS Technical Specs Manual (Section 5.F) clarifies definitions of **extraordinary circumstances** versus **non-applicable circumstances**.

- Hospital should consider impact a data exception will have on current and future rate year performance scoring eligibility.

Submitting a Written Request

- Complete "**MassHealth ECE Request Form**" and include required documentation.

- Hospital CEO will get formal letter if data exception is *granted stating terms of acceptance*.

- Non-adherence to terms of acceptance will NULLIFY the initial granted request.

Timely Notification Required

- Hospital must notify EOHHS within **10 days** of extraordinary circumstance occurring

- EOHHS must receive materials no later than 60 days from last date of exception period requested

Quarter Reporting Period	Acute RFA Quarter Reporting Due Date	Deadline to Submit MHECR Form
Q1-2021 (Jan 1 - March 2021)	Aug. 13, 2021	**May 30, 2021**
Q2-2021 (April 1 – June 2021)	Nov. 12, 2021	**Aug 30, 2021**
Q3-2021 (July 1 – Sept 2021)	Feb. 11, 2022	**Nov 29, 2021**
Q4-2021 (Oct 1 – Dec 2021)	May 13, 2022	**Mar 1, 2022**

RY22 MassHealth Hospital Program Participant Forms

Section 7.2: Key Representatives

EOHHS Liaison Role

- EOHHS Medicaid requires each hospital designate **two Key liaisons** for all business correspondence related to meeting Section 7 quality requirements

Hospital Key Representatives

- One Quality executive accountable for hospital performance results.
- One Finance executive to receive incentive payment notice & payment transfers

EOHHS Communication

- Key Reps entered in business mailbox
  masshealthhospitalquality@mass.gov

Section 7.6 Required Reporting Forms

Mailing Acute RFA Forms ★

- MassHealth Hospital DACA Form.
- MassHealth Hospital Quality Contact Form *(Require Data Vendor Lead Contact Only)* ★

Other Forms

- MassHealth Data Validation Reevaluation Request Form (MHDREV)
- MassHealth Extraordinary Circumstance Request Form (MHECR)
- MassQEX User Account Registration Form
- MassQEX SFTP User Registration Form

★★★★
See EOHHS Technical Specs Manual (Section 1.E) for detailed instruction on how to complete & submit each form.

Future Consideration – Inpatient Quality Measures

Expand Safety Outcome Measures✪
- Healthcare Professional Influenza Vaccine (Confer rights to NHSN data)

Add Behavioral Health Quality Category
- SUB-2: Alcohol Use Intervention
- SUB-3: Alcohol & Drug Use Treatment at discharge
- TOB-2: Tobacco Use Treatment Counseling offered
- TOB-3: Tobacco Use Treatment at discharge

Expand Perinatal Category
- PC-06: Unexpected Complications in Term Newborns
- Maternal Morbidity Structural Measure (Perinatal QIC participation)✪

Enhance Health Disparity Category
- HD-2 Composite to include SUB, TOB and PC-06 measures
- Reduce "UNKOWN" Race code reporting on Newborn measures✪

✪= Potential Phase-in under RFA 2023

RY2022
MassHealth Quality Measures Technical Specifications and MassQEX Portal Updates

Cynthia Sacco, MD
Medical Director, Health Management
Telligen, Inc.

Summary of MassQEX Key Technical Updates

❑ **Clinical Process Measures Data Specifications**
- ✓ Payer Source Code Correction (as of Q3-2021)
- ✓ NEWB-1 (as of Q3-2021)
- ✓ CCM new data specifications reporting (as of Q1-2022)

❑ **CY2021 Data Validation Requirements**
- ✓ Updates to number of Charts required
- ✓ Medical Records SFTP Upload Mandatory

❑ **Outcome Measures (COVID-19 Proviso)**
- ✓ Adjustment to PSI-90 and HAI measures data period
- ✓ Adjustment to HCAHPS measure data period

❑ **MassQEX Hospital Report Timelines**
- ✓ RY2021 and RY2022 Hospital Year-End Reports

❑ **Technical Specifications and Reporting Tools**
- ✓ EOHHS Technical Specifications Manual (v15.0): Use as of Q3-2021 data reporting.
- ✓ EOHHS Release Notes (v.15.1): Use as of CY2022 (Q1-2022) data reporting.

CY2021 Clinical Process Measures Reporting (as of Q3-2021 discharges)

Medicaid Payer Source

- MassHealth aligns with CHIA hospital case mix state reporting requirement of Medicaid payer source codes

- CHIA codes identify eligible Members where MassHealth is primary payer.*

CHIA Payer Code Correction

- **Include Code 207** (Medicaid Managed Care-Tufts Health Together Plan)

- **Exclude Code 116** (Medicaid Managed Care Central Mass Healthcare)

- Change impacts all process measures reporting

Refer to FY21 CHIA Specifications Manual https://www.chiamass.gov/hospital-data-specification-manuals for more detail

NEWB-1 Measure Specific Change

- Added "other diagnosis code" for single liveborn newborn as defined in Appendix A, Table 11.20.1 to the initial population flowchart

- Updates applicable as of Q3-2021 are noted in Section 3 description, Data Dictionary, XML Schema File Tools in EOHHS Technical Specifications Manual (v15.0)

CY2021 Chart Requirements for Data Validation

Chart Requirement

- A total of twelve (12) records on the hospital reported data files will be collected for CY2021 beginning with Q1-2021.

- A random sample of four (4) charts will be identified for the first three quarters (Q1-2021, Q2-2021, and Q3-2021) only. No charts required on Q4-2021 reporting data.

Case List Request Timelines

➔ Case Lists are Posted in MassQEX portal *within 14 Calendar Days* of Portal Close
  - Q1-2021 Portal Close Date = August 13, 2021
  - Q2-2021 Portal Close Date = November 12, 2021
  - Q3-2021 Portal Close Date = February 11, 2022

Chart Submission Deadlines

➔ Medical records must be submitted *within 21 calendar days* from date of portal posting notification
➔ Charts must be uploaded via the MassQEX SFTP system
➔ Refer to RY22 EOHHS Tech Specs Manual v15.0 (Section 6) for more details

CY2021 MassQEX SFTP Chart Submission Requirement

❖ MassHealth allowed two rate year periods for hospitals to prepare for MassQEX secure file transfer portal (SFTP) uploads.

❖ As of Acute RFA 2022 contract all hospitals must submit medical records for validation using the SFTP system <u>as of Q2-2021</u> reporting (***Paper submissions will not be accepted***). ★

MassQEX Recommendations

❖ **Internal Communication** → Hospitals should work with their HIM department and/or HIM vendor staff to review MassQEX portal case list requests, deadlines, and SFTP upload requirements.

❖ **Workflow and Training** → Work with hospital leadership to create an internal workflow with designated staff to upload charts via the MassQEX SFTP system

★ See EOHHS Technical Specs Manual (Section 6.C) for SFTP instructions and preparing files.

★ Contact MassQEX Help Desk for technical support massqexhelp@telligen.com

★ **Hospitals must notify EOHHS directly if they are unable to use SFTP system due to extraordinary circumstances.**

MassQEX SFTP Upload Instruction

- A link to access SFTP will be displayed on MassQEX portal homepage.

- SFTP account username and password required

- A secure folder labeled with your hospital will display.

- File name, date and time of upload is displayed

- **Upload Complete** will display on screen indicating successful upload.

- SFTP user will also receive a confirmation email for each upload instance.

- Refer to Tech Specs Manual Section 6 for additional details

Upcoming RY2023 Care Coordination Measures Data Requirements

Effective with Calendar Year 2022

- As of Q1-2022 hospital reporting must reflect new CCM-1,2,3 data specifications.

- Particular data specifications were harmonized with CMS-IPFQR care transition measures as appropriate to broader MassHealth initial inpatient population.

Modified Data Specifications

- **CCM-1 (Reconciled Medication List)** → Require documentation of duration for all medications with option of providing blanket statement language

- **CCM-2 (Transition Record with data elements received**) → updated definition of Advance Care Plan and Removal of DNR/Code status

- **CCM-3 (Timely Transmittal of Transition Record)** → Add Patient Refusal data element and modify flowchart accordingly.

RY22 EOHHS Release Notes (v15.1)

- Provides detailed instruction on changes that apply to measure description, flowchart and select Appendix tools (abstraction tool, data dictionary definitions, XML Schema, measure calculation rules)

RY2022 MassQEX Safety Outcome Measures Modification

Patient Safety Indicator (PSI-90)	Healthcare-Associated Infections (HAIs)

Measurement Period Adjusted
- Extract 15-month data from all MMIS claims files (Oct 1, 2018 – Dec 31, 2019)
- Exclude CY20 data impacted by COVID-19 emergency for computing PSI-90 results

Quality Scoring Criteria
- *Sufficient data* → AHRQ software must yield ≥3 cases for one of the 10 indicators

- Use AHRQ v 2021 software to compute results

Covid-19 Proviso
- EOHHS to analyze CY20 data separately for observations on COVID-19 impact trends

- EOHHS to test AHRQ risk-adjustment software (v2021) and guidelines to isolate COVID-19 cases for prospective PSI90 period analysis

Measurement Period Adjusted
- Use 12-month data from NHSN database (Jan 1, 2019 – Dec 31, 2019)
- Exclude CY20 data impacted by COVID-19 emergency for computing each HAI results

Quality Scoring Criteria
- *Sufficient Data* → have at least 12 mos. of data for NSHN to produce an SIR result

- *Data Completeness* → meet accuracy criteria for each HAI per "NHSN Participation Alerts" reviewed by MassQEX

Covid-19 Proviso
- EOHHS will analyze CY20 data separately for observations on COVID-19 impact trends

RY2022 HCAHPS Survey Dimension Measures Update

Measurement Data Period

❖ MassQEX will download available CY2020 HCAHPS data (Q3-2020 and Q4-2020) from CMS Provider Data Catalog website https://data.cms.gov/provider-data/ as follows:

  ✓ Dataset for eligible Massachusetts acute hospitals

  ✓ Dataset for PPS-exempt cancer hospitals

Adjusted Quality Scoring Criteria

❖ **Sufficient Data** → Have total 50 surveys for 6 month data period

❖ **Data Completeness** →MassQEX will review CMS caveats on accuracy or missing data.

❖ Hospital MassQEX Year-End Results and Performance reports will reflect adjusted scoring criteria

Covid-19 Proviso

❖ EOHHS will analyze CY20 data for observation on COVID-19 impact trends

MassQEX Portal User Accounts Registration and Maintenance

MassQEX User Registered Account

Hospital Staff

- This account is for staff authorized by Hospital CEO to conduct multiple transactions.

- Users can submit data files, enter ICD population counts, *access case list request* plus year-end reports and more).

Hospital Data Vendor Account

- This account is for third-party data vendors authorized by the Hospital CEO to conduct data file uploads only on their facilities behalf.

User Account Limits

- Hospital Staff N=5 accounts
- Data Vendor: N= 3 accounts
- Both Forms located on https://massqex-portal.telligen.com
- Refer to Section 5.D of Technical Specs Manual for more details

SFTP User Registered Account

Hospital Staff

- This account is for staff designated by Hospital to upload medical records requested for data validation.

Account Options

➔ If assign existing MassQEX Hospital User:
  - ✓ **No** SFTP User Registration Form is required
  - ✓ User can request an SFTP account via the help desk at **Massqexhelp@telligen.com**

➔ If assign a separate Hospital SFTP User:
  - ✓ **Must** complete SFTP User Registration Form online https://massqex-portal.telligen.com.
  - ✓ Must have Notary stamp
  - ✓ Must have Hospital CEO signature

User Account Limit

- Separate SFTP Account: N=1.
- Hospitals may request additional MassQEX user as back-up to SFTP designee

MassQEX Portal Year-End Reports Posting Schedule

RY2021
- CY20 Case List Requests (Q3, Q4) -- February 2021, May 2021
- RY21 Year-End Validation Reports -- October 2021
- RY21 Year-End Measure Reports -- October 2021
- RY21 Benchmarks -- December 2021
- RY21 MassHealth Hospital Performance Score Report -- February 2022

RY2022
- CY21 Case List Requests (Q1, Q2, Q3) -- August 2021, November 2021, February 2022
- RY21 Year-End Validation Reports -- October 2022
- RY21 Year-End Measure Reports -- October 2022
- RY21 Benchmarks -- December 2022
- RY21 MassHealth Hospital Performance Score Report -- February 2023

⭐ IMPORTANT NOTE ⭐

❖ Case list request submissions are <u>time sensitive and due within 21 days from portal posting notification</u>. No extensions beyond due date to be granted.

❖ MassQEX List-serve notices alert users when Case List and Annual Reports are posted.

Future Considerations – MassQEX Portal System Modernization

Initial Planning
- Explore feasibility and timelines for transitioning to electronic & digital reporting formats
- Conduct Hospital readiness survey to assess resources with existing CQL based eCQMs
- Evaluate readiness to align with CMS timelines to implement HL7 FHIR reporting

Measures Development
- Identify existing eCQMs that align with MassHealth Hospital Program performance goals
- Explore if potential creation of value sets will be needed to meet MassHealth requirements

MassQEX Portal Transition Phases
- Will maintain chart-based data collection during transition period
- Conduct Hospital pilot tests of eCQM or FHIR reporting
- Pilot data validation procedures applicable to electronic & digital reporting formats

Work with MassHealth Hospital Quality Advisory Committee on operational considerations

Wrap Up

EOHHS Medicaid Acute Hospital P4P Resources

☛ **Mass.Gov Website**: https://www.mass.gov/masshealth-quality-exchange-massqex
- Aug. 20, 2021 → post RY22 Acute P4P Technical Session slides
- Aug. 26, 2021 → post RY22 Technical Specification Manuals v15.0 & 15.1
- Sept 17, 2021 → Post RY22 MassHealth P4P Program Participant Forms

☛ **COMMBUYS Posting:** www.commbuys.com
- Mid-Sept. 2021 → post EOHHS Medicaid Acute RFA2022 contract
- New download instructions in Section 1 of Tech Specs (15.0) ★

☛ **CONTACT:** Iris Garcia-Caban, PhD, MassHealth Acute P4P Program Lead via the EOHHS business mailbox: Masshealthhospitalquality@mass.gov

MassQEX Customer Support

☛ **Help Desk Phone**: 844-546-1343 (toll free #)
☛ **Help Desk Email:** Massqexhelp@telligen.com
☛ For technical data collection/reporting specifications, portal accounts registration and maintenance ★